

## Public Employees Health Programs

560 East 200 South, Suite 100 / Salt Lake City, Utah 84102-2004  
Term Life: 801-366-7495 / Toll Free 800-753-7495

## Local Governments Group Term Life Employee Enrollment Form

### Section A

#### Employee Information

<input type="checkbox"/> New Enrollment		<input type="checkbox"/> Application for Additional Coverage		
EMPLOYEE NAME (last, first, middle initial)	SOCIAL SECURITY NUMBER	BIRTH DATE (mm/dd/yy)	MARITAL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female
HOME ADDRESS	CITY / STATE / ZIP		WORK PHONE	
EMPLOYER / DEPARTMENT	Did you transfer from another Agency/Department? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, which Agency/Department? _____		HIRE DATE (mm/dd/yy)	HOME PHONE

### Section B

#### Coverage Information

Select the desired coverage below. See the Term Life Benefits Booklet for coverage and premium amounts. Enter the primary and contingent beneficiaries for Employee Term Life Coverage. If an employee covered by the Plan is also covered as a spouse under dependent coverage, the maximum cumulative coverage for any individual is \$318,000. Coverage amounts are reduced at age 66, see Benefit Booklet for details.

#### EMPLOYEE TERM LIFE

- ☐ **Minimum Group Term Life Coverage** - Provides \$18,000 in coverage for employees up to age 66. Minimum Group Term Life is funded by your employer for all eligible employees. All employees enrolled in Minimum Group Term Life also receive a \$50,000 Line of Duty Death Benefit coverage.
- ☐ **Basic Group Term Life Coverage** - Provides \$50,000 in coverage for employees up to age 66. Basic Term Life includes the employer paid Minimum of \$18,000 for a total of \$68,000. No underwriting is required if applying within 60 days of hire. After 60 days please complete the Health Statement.

**Additional Group Term Life Coverage** - To apply for Additional Term Life Coverage you must be enrolled in Basic Term Life and complete the Employee Health Statement on the back of this form. This coverage is in addition to Basic Group Term Life Coverage.

Select the amount of Additional Term Life Coverage you are applying for: ☐ \$50,000 ☐ \$100,000 ☐ \$150,000 ☐ \$200,000 ☐ \$250,000

Revoking any previous nominations of beneficiary(ies), I hereby designate the following individuals to receive all benefits payable upon my death.

Full Given Name of Beneficiary	Designation <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Relationship	Birth Date	Mailing Address Street City State Zip
	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent			Street City State Zip
	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent			Street City State Zip
	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent			Street City State Zip
	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent			Street City State Zip
	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent			Street City State Zip

#### Considerations When Naming Beneficiaries

- List ALL beneficiaries. Beneficiary payments are paid from the most recent beneficiary designation on file with PEHP.
- Types of beneficiaries:
  - Primary** - Person to receive the death benefits upon the death of the member.
  - Contingent** - Person to receive the death benefits upon the death of the member if the primary beneficiary is deceased.
- If you name multiple primary beneficiaries, the proceeds will be split equally, unless otherwise instructed on the form.
- If your primary beneficiary(ies) dies before you and you have not named a contingent beneficiary, the proceeds may be subject to Title 75, Chapter 2 of the Utah Uniform Probate Code.
- If you name a trust as beneficiary, be sure to list the name of the trustee and the date the trust agreement became effective.
- Proceeds may not be paid directly to a minor child. In the event a minor child is named beneficiary, proceeds must be paid to a trust, conservatorship or legal guardian.

EMPLOYEE SIGNATURE	DATE
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FOR PEHP USE ONLY

Effective Date: \_\_\_\_\_ Certificate No.: \_\_\_\_\_ Minimum: \_\_\_\_\_  
Basic: \_\_\_\_\_ Additional: \_\_\_\_\_  
Verified By: \_\_\_\_\_ Date: \_\_\_\_\_